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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/502,517
	Filing Date	December 10, 2003
	First Named Inventor	B.M. KHAMAR
	Art Unit	
	Examiner Name	
	Attorney Docket Number	574152000200

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Attorneys of record have been discharged by the client in accordance with 37 CFR § 10.40(b)4.

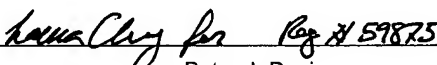
CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name

Address	Darby & Darby P.C. 1500 K Street, N.W. Suite 250				
City	Washington, D.C.	State		Zip	20005-1714
Country	United States of America				
Telephone	202-347-7865		Email	rdave@darbylaw.com	
Signature					
Name	Peter J. Davis		Registration No.	36,119	
Date	April 13, 2006		Telephone No.	(703)760-7700	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.